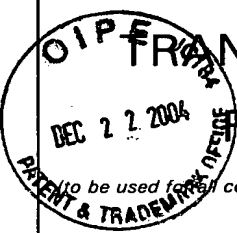


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

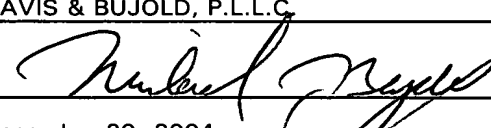
	Application Number	10/782,335
	Filing Date	February 19, 2004
	First Named Inventor	Sunny C. WATERS
	Group Art Unit	3643
	Examiner Name	Andrea M. VALENTI
Total No. of Pages in this Submission: 11	Attorney Docket Number	CRECON P02AUS

## ENCLOSURES (check all that apply)

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee attached<br><input checked="" type="checkbox"/> Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Postcard |
|--|--|--|

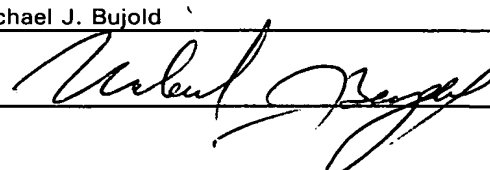
REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 20, 2004	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 20, 2004.

Type or printed name	Michael J. Bujold
Signature	 Date: December 20, 2004

**FEE TRANSMITTAL**  
 for FY 2004  
 Effective 01/01/2003. Patent fees are subject to annual revision.  
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$ 100

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 04-0213

Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments  
☐ Charge any additional fee(s) during the pendency of this application  
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified account.

**FEE CALCULATION**

**1. FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1011	1000	2011	500	Utility filing fee	
1012	430	2012	215	Design filing fee	
1013	660	2013	330	Plant filing fee	
1014	1400	2014	700	Reissue filing fee	
1005	200	2005	100	Provisional filing fee	
SUBTOTAL (1)					\$-0-

**2. CLAIMS**

LARGE CLAIMS		SMALL CLAIMS		REISSUE CLAIMS	
		<u>Extra</u>		<u>Below</u>	<u>Fee Paid</u>
Total Claims	-20*	=		\$ 50 (\$ 25) x	=
Ind. Claims	4 - 3	=		\$200 (\$100) x \$100 =	<b>\$100</b>
Multiple Dependent		=		\$360 (\$180) x	=
** or number previously paid, if greater; For Reissues, see below					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
1202	50	2202	25	Claims in excess of 20	
1201	200	2201	100	Independent claims in excess of 3	
1203	360	2203	180	Multiple dependent claim	
1204	200	2204	100	**Reissue independent claims over original patent	
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	
				SUBTOTAL (2)	<b>\$100</b>

\*\*or number previously paid, if greater; For Reissues, see above

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$-0-

SUBMITTED BY

Completed (if applicable)

Typed or Printed Name

Michael J. Bujold

Registration No.

32,018

Telephone (603) 624-9220

Deposit Acct. No.

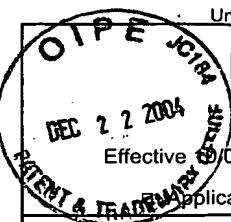
04-0213

Fax: (603) 624-9229

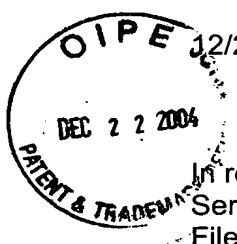
Signature

*Michael J. Bujold*

Date: December 20, 2004



2 FW/3643



12/20/04

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Sunny C. WATERS  
Serial no. : 10/782,335  
Filed : February 19, 2004  
For : STACKABLE PLANTING CONTAINERS WITH  
CAPILLARY WATERING  
Group Art Unit : 3643  
Examiner : Andrea M. Valenti  
Docket : CRECON P02AUS

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

[XXX] A CHECK FOR THE FEES INDICATED BELOW, BASED UPON THE APPLICANT'S SMALL ENTITY STATUS, ACCOMPANIES THIS RESPONSE.	
TOTAL INDEPENDENT CLAIMS ALREADY PAID FOR <u>3</u>	
ADDITIONAL IND. CLAIMS ADDED HEREBY <u>1</u> x \$100 =	\$100
TOTAL	\$100

In response to the official action mailed September 20, 2004, please enter the following before reconsideration of this application.

In the Claims:

Please amend claims 1, 2, 4, 5, 9, 11, 14 and 16-18 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.